

08/945459

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

02/19/1998 WCLAYBRO 00000024 08945459  
01 FC:970 930.00 OP

11/03/1997 WCLAYBRO 00000058 08945459  
01 FC:960 1070.00 OP

Adjustment date: 02/19/1998 WCLAYBRO  
11/03/1997 WCLAYBRO 00000058 08945459  
01 FC:960 -1070.00 OP

Repln. Ref: 02/19/1998 WCLAYBRO 0017023300  
DAH:022275 Name/Number:08945459  
FC: 704 \$140.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: _____		2 Serial/Pat nt # <u>08/945459</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 15%; text-align: right;">\$ 140</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing			\$ 140	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ 140																																																	
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<input type="checkbox"/>	Assignment			\$																																																	
<input type="checkbox"/>	Other			\$																																																	
7 TOTAL AMOUNT OF REFUND		\$ 140																																																			
8 TO BE REFUNDED BY:		Treasury Check																																																			
9 Credit Deposit A/C #:		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             02--2275           </div>																																																			
10 REASON:		Overpayment																																																			
Duplicate Payment		No Fee Due (Explanation):																																																			
11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: <u>Eless D. Brown</u>		TITLE: <u>Paralegal</u>																																																			
SIGNATURE: <u>Eless D. Brown</u>		PHONE: <u>305-3659</u>																																																			
OFFICE: <u>PCT-DO-EO</u>		THIS SPACE RESERVED FOR FINANCE USE ONLY:																																																			
APPROVED: _____		DATE: _____																																																			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**

TO: OFFICE OF FINANCE  
CRYSTAL PLAZA 2

SERIAL NUMBER: 08/945459

FROM: PCT INTERNATIONAL DIVISION DO/EO  
CRYSTAL PLAZA 2

PLEASE PROCESS THE FOLLOWING CORRECTIONS:

FROM		TO	
FEE CODE	AMOUNT	FEE CODE	AMOUNT
<u>960</u>	<u>1070</u>	<u>970</u>	<u>930</u>
<u>      </u>	<u>      </u>	<u>704</u>	<u>140</u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

OTHER:

THE ORIGINAL METHOD OF PAYMENT WAS:

✓ BY A CHECK

       BY A CHARGE TO DEPOSIT ACCOUNT

DO/EO FEE CORRECTION ACCOUNT NO

ELESS BROWN